

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

JUN 20 2002

1. TRANSMITTAL NUMBER:
02-010

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: (P+I)
42 CFR 431.53 and 42 CFR 440.170

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 \$0
b. FFY 2003 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A
Pages 9-1 through 9-2
Attachment 3.1-B
Pages 8-1 through 8-2

Attachment 3.1-D
Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A
Page 9-1
Attachment 3.1-B
Page 8-1

10. SUBJECT OF AMENDMENT:

Transportation

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED:
6-19-02

16. RETURN TO:
Department of Social and Health Services
Medical Assistance Administration
1011 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 20 2002

18. DATE APPROVED: 8-28-02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Bunnee Butterfield

22. TITLE: Acting Associate Regional Administrator
Div. of Medicaid & State Operations

23. REMARKS:

P+I changes were authorized by the State on 8/12/02
Testimony: 6/19/02
CITY/STATE: Olympia
CITY/STATE: Olympia

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: WASHINGTON

24.a. Transportation

- (1) Prior approval is required for all non-emergency medical transportation.
- (2) Ambulance transportation is provided as an optional medical service for emergencies or as required by state law.
- (3) Non-emergency medical transportation is provided as an administrative service. Non-emergency medical transportation available through contractual arrangements with brokers may include:
 - (a) Mass public transportation, commercial air, rail, bus, taxi and cabulances, non-profit paratransit, volunteer transportation, and client-supplied transportation; and
 - (b) Meals and/or lodging for overnight accommodation for medical appointments, when the client is unable to return same day, and wheelchair lift conversions to client-owned vehicles when MAA determines such service(s) are cost effective.
- (4) The department will pay vendors directly for non-emergency medical transportation provided as an administrative service in the following situations:
 - (a) When the vendor provides services that are not in the broker contract; or
 - (b) During contract negotiations and/or planning with brokers, prior to contract finalization.

ATTACHMENT 3.1-A

Page 9-2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: WASHINGTON

24.d. Skilled nursing facility services provided for patients under 21 years of age.

Prior approval.

TN# 02-010

Supersedes

TN# N/A

Approval Date: _____

Effective Date: 4/1/02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: WASHINGTON

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ATTACHMENT 3.1-B

Page 8-2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: WASHINGTON

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Prior approval.

TN# 02-010

Supersedes

TN# N/A

Approval Date: _____

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: WASHINGTON

Methods Used to Assure Necessary Transportation of Clients

I. Transportation is provided to eligible individuals for necessary medical and remedial care.

A. Ambulance Transportation

1. Ambulance (emergency) transportation shall be provided when the medical necessity is such that the use of any other method of transportation is inadvisable or as required by state law.

B. Non-emergency Medical Transportation by Means Other Than Ambulance

1. Transportation is provided as an administrative service for eligible clients to receive covered services at eligible provider or facility locations, when a client has no other transportation resources available to them. Eligible individuals may request non-emergency medical transportation service from public or private agencies ("brokers") that the state has contracted with to provide or arrange transportation services.
2. Non-emergency medical transportation will be provided through direct vendor payments as an administrative service during contract negotiations or planning with brokers, or for services not provided for through broker contracts.